



MEDICARE HEALTH INSURANCE
HEALTH CARE FINANCING ADMINISTRATION

NAME OF BENEFICIARY
ROSE B. SCOTT

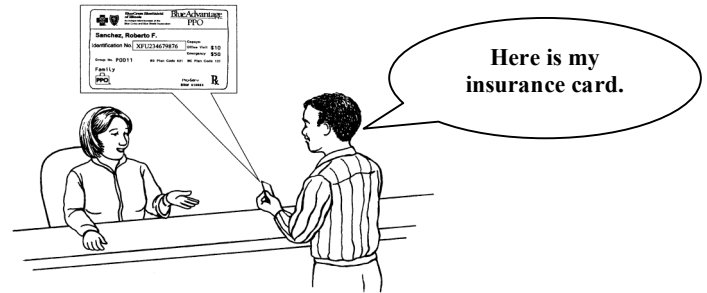
MEDICARE CLAIM NUMBER
123-45-6789-Z

SEX
FEMALE

IS ENTITLED TO
HOSPITAL (PART A) 06-01-1994
MEDICAL (PART B) 03-01-2001

SIGN HERE * *Rose B. Scott*

government health program



health insurance